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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/692,655	10/19/2000	Gary E. Smith	GSMITH.002A	7733
20995 7	590 09/16/2002			
KNOBBE MARTENS OLSON & BEAR LLP 2040 MAIN STREET FOURTEENTH FLOOR IRVINE, CA 92614			EXAMINER	
			THISSELL, JENNIFER I	
ikvine, ca	92014		ART UNIT	PAPER NUMBER
			3635	
			DATE MAILED: 09/16/2002	

Please find below and/or attached an Office communication concerning this application or proceeding.

. 1	Application No.	Applicant(s)	an
Interview Summary	09/692,655	SMITH, GARY E.	
interview Summary	Examiner	Art Unit	
	Jennifer I Thissell	3635	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) Jennifer I Thissell.	(3)		
(2) <u>Lang McHardy</u> .	(4)		
Date of Interview: 10 September 2002.			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant	2) applicant's representativ	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed: <u>All</u> .			
Identification of prior art discussed: Prior art of record.			
Agreement with respect to the claims f) was reached.	g)⊠ was not reached. h)□] N/A.	
Substance of Interview including description of the general reached, or any other comments: Applicant's representative between instant invention and prior art, specifically instant support/apparatus is field adjustable, and one support/apparatus is field adjustable, and one support/apparatus in claims only directed to the support	ve pointed out what he believe invention can be used with an aratus can be used under severatus, further description of the diments which the examiner agree opy of the amendments that wid.) EMAL WRITTEN REPLY TO THE MAL WRITTEN REPLY TO THE MONTH FROM THIS INTERVISIONERS.	d was the differences of concrete tile, eral of tiles. Examiner of roof tiles would only ered would render the rould render the rould render the claims of the interview (if both the LAST OFFICE ACT. If a reply to the last /IEW DATE TO FILE /IEW D	claims x is TION Office

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

examiner's signature, if required